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HDP/SB/21 based on PTO/SB/21 (08-00)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Applicati n Number	10/612,032
Filing Date	July 3, 2003
Invent r(s)	Klaus ABRAHAM-FUCHS et al.
Group Art Unit	2857
Examiner Name	Unknown
Attorney Docket Number	32860-000542/US

### ENCLOSURES (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheet(s) of Formal Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Letter Requesting Corrected Official Filing Receipt</b> |
|---|--|---|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Donald J. Daley	Reg. No. 34,313
Signature			
Date	October 9, 2003		



**ATTENTION:**

**OFFICE OF INITIAL  
PATENT EXAMINATION'S  
FILING RECEIPT CORRECTIONS**

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant(s): Klaus ABRAHAM-FUCHS et al.  
Application No.: 10/612,032  
Conf. No.: 5853  
Group No.: 2857  
Filed: July 3, 2003  
For: METHOD AND SYSTEM FOR SUPPORTING THERAPY  
PLANNING, PARTICULARLY IN THE PRESENCE OF  
MULTIPLE DEFECTS  
Docket No.: 32860-000542/US

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**LETTER REQUESTING CORRECTED OFFICIAL FILING RECEIPT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 9, 2003

Sir:

The Official Filing Receipt mailed September 29, 2003 (copy attached herewith) does not reflect the correct **Residence for Applicant, Uwe EISERMANN** of the subject application. The Applicant's Residence should be listed as follows:

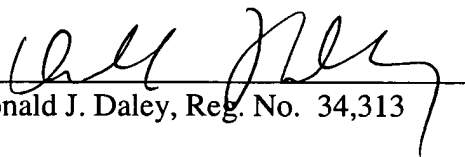
Uwe EISERMANN, **Kufstein, AUSTRIA**

Applicant respectfully requests issuance of a corrected Official Filing Receipt. Changes to be made are indicated in red on the attached copy of the Official Filing Receipt.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment of Deposit Account No. 08-0750 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17; particularly, extension of time fees.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C

By   
Donald J. Daley, Reg. No. 34,313

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DJD/bof

Attachment: Copy of Official Filing Receipt with requested corrections marked in red ink.



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/612,032	07/03/2003	2857	1338	32860000542/US	4	48	4

CONFIRMATION NO. 5853

30596  
 HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 8910  
 RESTON, VA 20195

## FILING RECEIPT



\*OC000000010939526\*

Date Mailed: 09/29/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Klaus Abraham-Fuchs, Erlangen, GERMANY;  
 Uwe Eisermann, ~~Erlangen, GERMANY~~, *Kufstein, AUSTRIA*  
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## Domestic Priority data as claimed by applicant

## Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 02014704.7 07/03/2002

If Required, Foreign Filing License Granted: 09/26/2003

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

## Title

Method and system for supporting therapy planning, particularly in the presence of multiple deficits

**Preliminary Class**

702

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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